

## MAYORAL RELIEF FUND - APPLICATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Best Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Bank Account Details \_\_\_\_\_

Please outline the nature of the financial loss or hardship, and the impact on your circumstances (attach further details if required).

Please describe the assistance you are applying for, and the amount you are seeking.

Have you applied for financial assistance from any other organisation, (e.g. Work & Income, Bank, family member)?    Yes        No

If you answered Yes, please provide details of the amount received or applied for:

Organisation applied to:	Nature of assistance	Amount applied for	Amount received
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please note that the Mayoral Relief Fund Allocation Panel may request additional information or seek an interview with you.

Please check that you have attached the following:

Any documents or material that supports your application by demonstrating hardship.

- If available, a letter from Work and Income NZ or Study Link stating that assistance is available or unavailable.
- Evidence of you need, such as an invoice for goods, power bill, letter from landlord etc.
- Details of the bank account you wish the grant to be paid to (attach either a printed deposit slip, or a copy of a bank statement showing your name and account number)

**Declaration:**

I/we declare that the information provided is true and correct. I/we understand this application may be declined if any of the above information is not correct. I/we grant permission for the Waitaki District Council to contact other relevant government or non-government organizations for the purpose of considering this application. I/we also understand the Privacy Act 1993 entitles me to have access to, and if necessary request correction of, the information.

By checking this Checkbox, I, \_\_\_\_\_ declare that I understand and agree with the Declaration, and that I am authorised to sign this form on behalf of the Applicant.

Date: \_\_\_\_\_

For office use:

Date application received

Entered into Fund Record database by:



**Phone** 03 433 0300

**Email** supportandstimulus@waitaki.govt.nz

**Office** 20 Thames Street, Ōamaru

**Post** Private Bag 50058, Ōamaru 9444